

218320

Carolina Health Transport

Address 1: 4371 5th Ave., Little River, SC 29566

Mailing Address: PO Box 1233, Little River, SC 29566

Address 3

Phone Number: (843) 241-2380

Fax Number

Web Address:

Email: Carolinahealthtransport@yahoo.com

RECEIVED

OCT 21 2009

PSC SC
DOCKETING DEPT.

2009-297-T

FAX TRANSMITTAL FORM

ATTN: Transportation

Name: ATTN: Janice

CC:

Phone:

Fax (803) 896-5199

From: Brenda Bishop

Date Sent: 7-31-09

Number of Pages: 3 including cover page

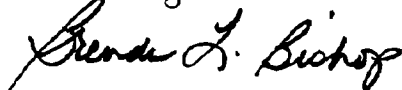
Message:

Janice,

Here is the additional paperwork on our vehicle. We have purchased an ambulatory only vehicle to get started and will add a wheelchair vehicle later once business is up and going well. I have sent the decal application along with a check to the SC Office of Regulatory and they should receive this on Monday. I have also enclosed a copy of the insurance quote for our Form E Insurance just in case State Farm is not sufficient. Could you please let me know how far we are from getting licensed and how the process is coming along? You can email this information to me or call me at (843) 241-2380.

Thank you in advance for your assistance with this matter and if you need anything else please let us know.

Sincerely,



Brenda L. Bishop

Carolina Health Transport, LLC.

INSURANCE QUOTE

The following insurance quote is for:

Carolina Health Transport, LLC

(Name of Motor Carrier)

P.O. Box 1233 Little River, SC 29566

(Address of Motor Carrier)

***Note:** Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance 4501.00 + General Liability
1m-2m

The above quoted premiums are for a term of 12 months.

National Casualty

(Insurance Company Name)

1245 Celebration Blvd Florence, SC 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-29-2009

Date

Jerry Poston

(Authorized Insurance Company Representative)

843-407-4090

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Date: 7/30/09

Carolina Health Transport, LLC
(Applicant)

Shonda L. Gustaf
(Applicant's Representative)

OWNER
(Title)